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ABSTRACT

The claims for the huge numbers of students suffering from the "latest scams" in literacy education--learning disability, dyslexia, attention deficit disorder, at risk, and hypoglycemia--are driven by political, economic, and social profits with minimal concern for children. While such problems exist, the phrases used to describe these conditions are often overused. The failure to learn to read has been reconceptualized as a problem of disability rather than socio-economic disadvantage. "Dyslexia" is often overused to describe a wide range of learning problems. Millions of children with a little too much energy have been labelled with attention deficit disorder, a strange "disease" for which there is no medical test. "At risk" is another overused term that has been used to pathologize what was once considered the normal range of behavior of boys. Parents are sometimes told that their children have a reading problem because they have hypoglycemia, an abnormal decrease of sugar in the blood. It is through this "loose" use of language that educators encourage the notion that failure to read and write is a physical disability rather than an academic or socioeconomic disadvantage. Nearly every child with a reading or writing problem has been "messed up" by the school or home, but nearly all of these children can be helped in the classroom. Educators must stop using words and phrases that are meaningless and nothing more than Doublespeak. (RS)

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The Latest Scams in Literacy Education

Allen Berger

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It is almost impossible to keep up with the latest scams in literacy education. I'd like to comment on a few of them--learning disability, dyslexia, attention deficit disorder, at risk, hypoglycemia. I'm not saying that these problems do not exist. What I am saying is that the claims for their huge numbers are driven by political, economic, and social profits with minimal concern for children.

Learning Disability

At one time if a kid couldn't read, he was said to have a reading problem or disability. The teacher focused on helping the child become a better reader. When I was teaching high school a 12th grade student was brought to my attention who couldn't read. We met during our lunch hours. He knew the sounds of letters but didn't know the sounds of letter combinations. So that's where we began. We used a combination language experience/VAKT approach developed by Grace Fernald. Within a short time, he was able to read on his own.

What was his problem? Was there something the matter with his brain? Did he have a learning disability? Evidentally not--although today he

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would have been so labeled--or mislabeled. He was very ill when he was in the first grade and missed a lot of school.

Another twelfth grade student I worked with (who would also likely be mislabeled today) was reading on the third grade level. We also worked together. His parents had split up when he was in the third grade and he couldn't concentrate during that time on his school work. Within a short time he also made great gains in his reading.

Anne McGill-Franzen, writing in the *Reading Research Quarterly* (Fall 1987) observes that "failure to learn to read has been reconceptualized as a problem of *disability* rather than socio-economic *disadvantage*." She points out that in one decade alone the number of students classified as learning disabled increased by 119 percent, whereas the number of disadvantaged students served in Chapter I compensatory programs decreased dramatically. Both groups of students, however, are characterized by the same types of problem with reading. The only difference is the language used to describe these students."

Nowadays some students try to get themselves labeled LD for the benefits they receive when taking the SAT Exam.

Dyslexia

Another bit of jargon we love to use (but often abuse) is dyslexia. Once again I'm not suggesting that there is no such thing as dyslexia, a word that once referred to perceptual and neurological disorders affecting language. Such peculiar learning disorders do exist. However, we often use the term dyslexia to describe many other learning problems.

Fortunately, research and research-related articles about dyslexia are appearing in influential and widely read publications. In a lead article titled

"Dyslexia" in *Scientific American* (March 1987), Frank Vellutino clearly shows that students said to have dyslexia can be helped academically. The same is true of children who are said to have learning disabilities. Another article, "Misreading Dyslexia," appears in the August 1995 issue of *Scientific American*. It begins:

> Dyslexia, the inability to learn how to read, is the most frequently diagnosed learning disability in the U.S. According to the National Institute of Child Health and Human Development, 10 million American children--that is, one in five--suffer from this disorder. Over the past 16 years, diagnoses of dyslexia have tripled, and an estimated $15 billion industry, employing testers, therapists, and teachers, has sprung up, as has a profitable educational publishing market. . . .
>
> "There is no evidence that millions of children are dyslexic. . . . To legitimize the category is unconscionable, because it's unproved."

Even *The Disney Channel Magazine* attacks the misuse and abuse of the term dyslexia. An article begins, "If you have a child who is not reading up to par, the chances are you've been told he or she has dyslexia. But the chances are equally good that he or she is simply slow in developing reading skills. . . . for many, the label 'dyslexic' doesn't apply. And even for those children who *do* have perceptual difficulties, questions remain about how to best encourage the development of reading ability." (April 12-May 23, 1987)

The amusing thing is that when many children are "diagnosed" with dyslexia or learning disabilities, they are "treated" with the same or similar materials that most children with who have reading problems are; in other words, the follow-up is just about the same.

A funny thing happened in New York City recently. The prestigious private Dalton School was bequeathed a large sum of money to help children with dyslexia. When this money became available, hundreds of children (nearly all with sky-high IQ's) were found to have this strange malady. Suddenly, just as soon as the money dried up, it seems that there were no more children with dyslexia in the Dalton School (*The New York Times*, April 8, 1994).

The bizarre thing about all this is that with all the virtual impossibility of diagnosing dyslexia and learning disabilities today there are advertisements for various products claiming that Albert Einstein, Sir Isaac Newton and other intellectual giants were so afflicted when they were alive.

Attention Deficit Disorder

Now we have millions of children with a little too much energy who are labeled ADD, a strange "disease" for which there is no medical test. It is spreading so fast that, according to one recent report, it now affects no less than 20 percent of the population in North America.

Earlier this year I was driving and turned on public radio in time to hear a portion of a conversation about ADD. The speaker stated--without a shred of evidence--that 90 percent of actors and actresses have it and 50 percent of investigative reporters have it. Apparently even vandals have it: you'll recall the young man from Dayton, Ohio, arrested for vandalizing cars in Singapore, who achieved international fame because he and his father, and

even the president of the United States, didn't want him to be flogged. You may recall part of his legal defense: he suffered from attention deficit disorder.

Now there are even offshoots of ADD such as attention deficit/hyperactivity disorder (AD/HD). And the American Psychiatric Association's new *Diagnostic and Statistical Manual--IV* (their bible) contains a finer breakdown: AD/HD, predominantly inattention type; AD/HD, predominantly hyperactive-impulsive type; andAD/HD, combined type.

This is the same APA bible that contains a few other bizarre "illnesses":

> Consider Code 315.2, "Disorder of Written Expression" which the manual says is marked by the poor use of grammar or punctuation, sloppy paragraph organization, awful spelling and bad handwriting. Although there may be students who exhibit these traits because of mental illness, there are few clear ways to distinguish them from those who are simply weak writers.
>
> Or take code 313.81, "Oppositional Defiant Disorder," which describes children who frequently do any four the following eight things over a period of six months: lose their tempers, argue with adults, refuse to comply with adults' rules, annoy people, blame others for their misbehavior, or act touchy, angry or spiteful. Although many parents may say, in the heat of the moment, that their contentious children are crazy, few really believe that these irritating actions are signs of psychiatric

illness. (Stuart A. Kirk and Herb Kutchins, "Is Bad Writing a Mental Disorder?" *The New York Times*, June 20, 1994)

Today we have an incestuous relationship between the ADD people and the manufacturers of Ritalin, which fronts an organization called Children and Adults With Attention Deficit Disorder, which in 1995 had approximately 35,000 members in 650 chapters. This front organization is pushing a petition, signed by approximately a third of the Democrats and Republicans in the United States Congress, to loosen the rules governing the prescription drug Ritalin, which is now [1995] used by more than two million children--four times as many as in 1990--with two million more children so mislabeled yearly (*The New York Times*, October 1995). Very few people know that this front organization has received nearly a million dollars from Ciba-Geigy, the manufacturer of Ritalin, the sales of which have increased six-fold since 1990, according to the Drug Enforcement Administration (Associated Press story in *The Cincinnati Enquirer*, July 23, 1996).

At Risk

Here is another cheerful term. How many among us would like to be labeled "at-risk"? In a sense, we all are. Will we pay our rent? Will we pay our mortgage? Will I get through this paper without angering too many people?

There was a wonderful article titled "The Debilitating Malady Called Boyhood" in *The New York Times* (July 24, 1994). In it, Natalie Angier observes:

Today, the world is no longer safe for boys. A boy being a shade too boyish risks finding himself under the scrutiny of parents, teachers, guidance counselors, child therapists--all of them on watch for the early glimmerings of a medical syndrome, a bona fide behavioral disorder. Does the boy disregard authority, make snide comments in class, push other kids around and play hooky? Maybe he has a conduct disorder. Is he fidgety, impulsive, disruptive, easily-bored? Perhaps he is suffering from attention-deficit hyperactivity disorder, or ADHD, the disease of the hour and the most frequently diagnosed behavioral disorder of childhood. Does he prefer computer games and goofing off to homework? He might have dyslexia or another learning disorder.

"There is now an attempt to pathologize what was once considered the normal range of behavior of boys," said Melvin Konner of the departments of anthropology and psychiatry at Emory University in Atlanta. "Today, Tom Sawyer and Huckleberry Finn surely would have been diagnosed with both conduct disorder and ADHD." And both, perhaps, would have been put on Ritalin, the drug of choice. . . .

To be fair, many children do have genuine medical problems like ADHD, and they benefit enormously from the proper treatment. . . .

> At the same time, some doctors and social critics cannot help but notice that so many of the childhood syndromes now being diagnosed in record numbers affect far more boys than girls. Attention deficit disorder, said to afflict 5 percent of all children, is thought to be about three to four times more common in boys than girls. Dyslexia is thought to be about four times more prevalent in boys than girls; and boys practically have the patent on conduct disorders. . . .

An ongoing scam involves parents who tell their children to act as if they are at risk and do what they need to do to receive the appropriate label for the family to receive more money each month from Social Security Supplement.

Hypoglycemia

Hypoglycemia refers to an abnormal decrease of sugar in the blood. The operative word is abnormal. The amount of sugar in our blood fluctuates throughout the day. After a meal, the sugar goes up--(that's normal)--then our pancreas sends out insulin, and the sugar goes down. Once in a while the pancreas shoots out too much insulin and the sugar goes down dramatically. But then the body kicks in with hormones to produce enough sugar. When children, or adults, are tested after the pancreas sends out insulin to lower the sugar in the blood stream--(for example, after a sugar-loaded breakfast)--there may be a false diagnosis. And based upon this false diagnosis, parents may be told that their children have a reading problem because they have hypoglycemia, which in its true form is about a rare as dyslexia is in its true form. Fortunately, blaming hypoglycemia for reading

problems is going the way of the crawling and creeping and patterning that was popular as a way to improve reading ability a couple decades ago. Some of you may recall the claims of Glenn Doman and Carl Delacato which resulted in grown-up men and women as well as boys and girls crawling and creeping on gym floors in the belief that they would become better readers. Let's hope some of the claims about hypoglycemia will crawl away too.

Why do we have this misuse of language and what can we do about it?

We have it because of money, power, and prestige. In many schools the more children who are called learning disabled or dyslexic, the more money comes to the schools. People write articles and books on these topics, not to mention classroom materials, creating a growth industry, built on tissues, misleading the public.

And through loose use of language we encourage the notion that failure to read and write is a physical disability rather than an academic or socieoeconomic disadvantage. In so doing, we shift the source for academic problems away from the schools, away from the homes, and even away from the free will of children to some kind of mysterious flaw in their brains.

This shift in language means that everyone gets off the hook. It is not the children's fault if they can't read or if they forget their homework; they're dyslexic or learning disabled or hypoglycemic or ADHD or are at-risk.

Suddenly, we have millions of children who have something the matter with their brains and bodies. The absurdity of all these labels and mislabels is reflected in the fact that, not so long ago, when the definition of learning disabilities was moved from one standard deviation to two standard

deviations away from the mean average of a given test, tens of thousands of learning-disabled children were "cured" overnight.

Not so long ago, CBS News announced that 25 million people in the United States cannot read because they have learning disabilities, and millions more cannot read because they have dyslexia. At the same time we were informed that millions more people throughout the United States do not read and write English because they do not know it. We are also told that ninety percent of the more than a million prisoners are illiterate. In a poignant television film, a college student is told that he reads at the fourth grade level and that there are 21 million others like him. Jonathan Kozol has said that 60 million adults in the United States are functionally illiterate. President Clinton has told the world that he wants a million volunteers to help children read by the third grade--as if most of them haven't been taught by their teachers to read already.

If my arithmetic is correct, and there are not too many crossovers, it seems that there are only three people in the United States who can read and write English.

In no way do I wish to minimize the problem. Vast numbers of people cannot read or write well enough to cope in our increasingly technical world. Even if only one person were illiterate, that would be a shame. But what we do to our children is a shame.

When I first came to Oxford, Ohio, ten years ago, I was waiting for a red light--and I saw a sight I couldn't believe. A little yellow bus with large black letters telling the world that the riders were developmentally disabled/mentally retarded children. Am I seeing what I'm seeing, I thought? When I mention this to my students many are puzzled. What's the problem? they seem to wonder. To which I respond: How would you feel if,

after class, you get into a bus that designates you as mentally retarded and developmentally disabled and that bus drove you to your home? The little yellow buses are still making their rounds picking up and depositing children labeled and mislabeled MR/DD.

What else do we shamefully accomplish when we label, mislabel, and find so-called new problems in school children? In large part, we accomplish *through our silent consent* the creation of programs "costing taxpayers billions each year," as noted on the cover of the December 13, 1993, issue of *U.S. News & World Report*.

The simple truth is that nearly every child with a reading or writing problem is an education casualty; he or she has been messed up by the school or home. Nearly all these children can be helped in the classroom. But by being labeled and mislabeled, they become boxed in, and a certain amount of their free will is taken away. There is a tendency to focus on their weaknesses and errors rather than on their strengths and successes. And the United States of America is in danger of being perceived and of perceiving itself as a remedial nation.

What can we do? It is very simple: we can write to our local newspapers, share ideas over the radio, send e-mail messages or faxes to national news media, communicate to parents, work in a cooperative way with those in special education in schools, colleges, and universities. We can write articles in influential publications like *The Public Interest*, *Commentary*, and *Scientific American* as as well as in national and hometown newspapers..

One small article appeared earlier this month in *USA Today*. Written in the form of a letter to the editor, Charles Singleton, education consultant, Decatur, Georgia, begins:

> It is ironic that, in today's American society, when many more minority children are attending public schools, school districts continue the irresponsible practice of labeling students with inappropriate names.
>
> They attach labels such as slow learner, attention-deficit disordered, "D" student, culturally disadvantaged, chronically challenged, behaviorally deficient, difficult learners, hyperactive, dysfunctional learners, standardized-test failures, and at-risk children.
>
> Needless to say, such stereotyped short phrases used to describe school-age children are both conterproductive and inharmonious to learning.

Singleton goes on and concludes by observing that if we call children anything we should call them learners (November 4, 1996).

In short, we need to clean up our language. We must stop using words and phrases that are meaningless and nothing more than Doublespeak. As George Orwell observed, one of the many dangers to democracy is the corruption of language. English and language arts teachers are on the front lines fighting for literacy and, through literacy, democracy. If we are striving for a more literate, democratic nation, and world, we need to begin at home.

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